

2009-2010

GIC BENEFIT DECISION GUIDE

Commonwealth of Massachusetts
Employees

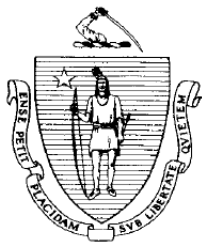
*Benefit changes
for July 1, 2009*

**EVALUATE YOUR
OPTIONS!**



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*



OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Spring 2009



Dear Colleagues:

In this year's Benefit Decision Guide, you will find important information about your benefits under the state's health care plans. Our goal remains to offer you and your family excellent benefits at affordable costs.

To achieve these goals, we will continue to work with the Group Insurance Commission (GIC) to improve quality and contain costs. The GIC will continue its leadership role in driving health care delivery improvements, quantifying differences in care and providing incentives by charging lower co-payments for those who use better-performing doctors and health care providers. Now more than ever it is important that we do all we can to control the cost of health care. Each of us has a part to play -- the GIC by designing programs to improve the system; the Administration and the Legislature by funding these programs responsibly; and you by being thoughtful and prudent consumers.

I urge you to read the **2009-2010 Benefit Decision Guide** thoroughly. Contact your current health plan (if you are not in Medicare), and other GIC health plans you are considering, to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family. I thank you for your service to the Commonwealth. I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

A handwritten signature in black ink, appearing to read "Deval Patrick", with a large, sweeping flourish at the end.

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IMPORTANT REMINDERS

- This Benefit Decision Guide contains important benefit changes effective July 1, 2009. *Review pages 4-7 for details.*
- Read the Weigh Your Options section on page 8 for important information to consider when selecting a health plan.
- Your annual enrollment forms are due to your GIC Coordinator by May 15. Changes go into effect July 1, 2009.

The **Benefit Decision Guide** is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.

In Memoriam

Nancy Bolduc

*Director of Operations
Group Insurance Commission*



This year's annual enrollment is dedicated to Nancy Bolduc, who made the whole process run like clockwork. She organized and attended every one of the health fairs, trained the staff, and made sure that members' insurance cards got mailed. All year long, she solved problems large and small for members, their families, agency coordinators, and plan representatives. She treated all of them exactly the same – firmly, fairly, and honestly. She gave us her best for 47 years and left us too soon.

Frequently Asked Questions

Q *As a new employee, when do my GIC benefits begin?*

A GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility.

If you are eligible and you continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see the GIC's website for details.

Employees should not sign up for Medicare Part D.

Q *I am an active state employee age 65 or over; which health plan card should I present to a doctor's office or hospital?*

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q *If I die, is my surviving spouse eligible for GIC health insurance?*

A If you (the state employee) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage until he/she remarries or dies, regardless of your retirement benefit option (A, B or C).



You **MUST** Notify Your GIC Coordinator When Your Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being charged for services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent turning age 19
- Dependent age 19 and over who ceases to be a full-time student, withdraws from school, graduates, is on a medical leave of absence from school or a medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a Non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

You may be held personally and financially responsible for failing to notify the GIC of family status changes.



New Hire and Annual Enrollment Overview

Annual enrollment gives you an opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES

Within 10 Calendar Days of Hire

See your GIC Coordinator or the GIC's website for coverage effective date details.

You may enroll in:*

- Basic life insurance

One of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Health New England
- Navigator by Tufts Health Plan
- NHP Care (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for managers
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting within 10 days of employment...

- GIC enrollment forms; and
- Required documentation for family coverage (if applicable) as outlined on the *Status Changes* section of our website to your GIC Coordinator

NOTE: Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your GIC Coordinator for details.

CURRENT EMPLOYEES

During Annual Enrollment

*April 13-May 15, 2009
for changes effective July 1, 2009*

You may enroll in or change your selection of:

- Basic life insurance

One of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Health New England
- Navigator by Tufts Health Plan
- NHP Care (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

- GIC Dental/Vision Plan for managers*

You may apply for...*

- Long Term Disability (LTD) (or anytime during the year)
- Optional Life Insurance (or anytime during the year)
- Health Insurance Buy-Out Option
- Opt in or out of pre-tax Basic Life and Health Insurance premium deductions

By submitting by May 15...

GIC enrollment forms to your GIC Coordinator

* See pages 20-23 and 25 for eligibility and option details.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

Enrollment and application forms are available on our website: www.mass.gov/gic and through your GIC Coordinator.

Our Challenge

Health care costs continue to skyrocket. Nationally:

- Health premiums rose 6.3% in 2008 after benefit changes
- Without benefit changes, health premiums will rise on average at least 8% in 2009

The GIC has continued to match or beat these market trends with minimal benefit changes:

- FY09 increase 6.37%
- FY08 increase 3.75%
- FY07 increase 7.30%

But, rising costs and contracting state revenues pose formidable challenges. Even so, FY10 premiums will increase by only 3.19%.

Why are the GIC's health care costs rising?

- New technology
- Aging population
- Overuse of some services (e.g., radiology and heavily advertised brand drugs)
- Lower cost community hospitals being squeezed—utilization of more expensive teaching hospitals is two and one-half times the national average
- Addition of municipalities=more enrollees
- Increased waistlines and other unhealthy lifestyle choices

What do many other employers do to contain costs?

- Reduce coverage (example: eliminate retiree coverage)
- Eliminate choice of plans and/or providers
- Implement high-deductible plans (example: \$1,000-\$5,000 deductibles before benefits begin)
- Institute co-insurance (example: member pays 20% of the cost of service)

The GIC has taken a different approach:

- Share responsibility for reducing costs and improving quality—providers, members, health plans, and the GIC
- Maintain comprehensive benefits and choice
- Emphasize health care quality and safety
- Adopt modest member share increases
- Educate members about provider performance
- Encourage healthy behavior
- Maintain retiree health benefits

With the GIC's Clinical Performance Improvement (CPI) Initiative, members pay lower copays for providers with the highest combined quality and efficiency scores:

★★★ Tier 1 (*excellent*)

★★ Tier 2 (*good*)

★ Tier 3 (*standard*)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

For FY10, health plans will tier additional specialties:

- Pulmonology/Pulmonary Disease
- ENT/Otolaryngology

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and efficiency.

Excellent
Good

Why Are Some Copays Going Up?

There are three reasons for rising copays: 1) Provider prices are going up 2) Premium increases are relatively low this year, and 3) Everyone needs to share in meeting the Commonwealth's budget challenges.

Health Plan Benefit Changes

To address the anticipated GIC budget shortfall, there will be changes in some copays. See pages 6 and 7 for details:

- Retail prescription drug copays \$10/\$25/\$50; mail order copays \$20/\$50/\$110
- Increased specialist office visits by \$5 for each tier for most plans; small increase in Primary Care Physician copays for some plans
- Increased copays and tiered structure for inpatient hospital copays – Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare State Indemnity Plan/PLUS
- Introduction of high-tech imaging (e.g., MRI, CT and PET scans) copay of \$75
- Emergency Room copay of \$75
- Increased or tiered outpatient surgery copays – Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare/PLUS



DURING Annual Enrollment:

- ✓ Contact the health plans you're considering to see which copays you would pay for your doctors and hospitals.

AFTER Annual Enrollment:

- ✓ Be an informed consumer!
- ✓ Tier 1 and Tier 2 physicians have lower copays.
- ✓ Before you visit a doctor or are admitted to the hospital (non-emergency), find out your copay for the doctor or hospital.



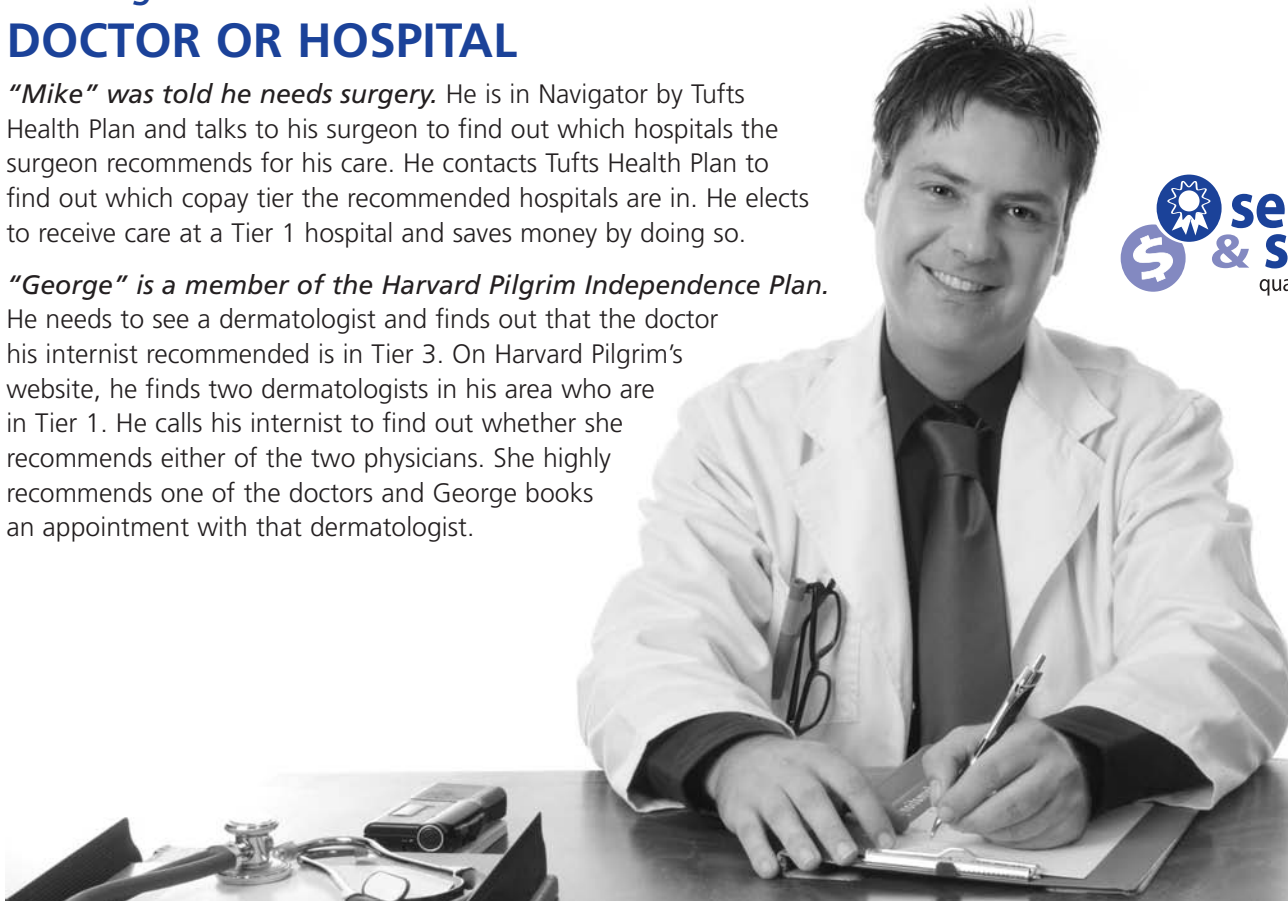
Choosing a HEALTH PLAN

During annual enrollment, "Julie" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans. She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

Choosing a DOCTOR OR HOSPITAL

"Mike" was told he needs surgery. He is in Navigator by Tufts Health Plan and talks to his surgeon to find out which hospitals the surgeon recommends for his care. He contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. He elects to receive care at a Tier 1 hospital and saves money by doing so.

"George" is a member of the Harvard Pilgrim Independence Plan. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Harvard Pilgrim's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and George books an appointment with that dermatologist.





| HEALTH PLANS | IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 11-19 for other health plan copays) |
|--|--|
| Fallon Community Health Plan Direct Care and Select Care <i>See additional plan-specific changes below</i> | <ul style="list-style-type: none"> ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay Tier 3: \$50 retail; \$110 mail order ■ Mandatory generics implemented (see page 10 for description) |
| Fallon Community Health Plan Direct Care | <ul style="list-style-type: none"> ■ Specialist office visit copay: \$20 ■ Retail clinic copay: \$10 |
| Fallon Community Health Plan Select Care | <ul style="list-style-type: none"> ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Retail clinic copay: \$15 |
| Harvard Pilgrim Independence Plan | <ul style="list-style-type: none"> ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Emergency Room copay: \$75 ■ Retail clinic copay: \$15 ■ Inpatient hospital copay per admission: <ul style="list-style-type: none"> Tier 1: \$250 Tier 2: \$500 Tier 3: \$750 ■ Outpatient surgery copay per occurrence: \$150 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: <ul style="list-style-type: none"> Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order |
| Health New England | <ul style="list-style-type: none"> ■ Primary Care Physician office visit copay – no tiering: \$15 ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Retail clinic copay: \$15 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: <ul style="list-style-type: none"> Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order ■ Physical Therapy/Occupational Therapy office visit copay: \$20 |
| Navigator by Tufts Health Plan | <ul style="list-style-type: none"> ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Emergency Room copay: \$75 ■ Retail clinic copay: \$15 ■ Inpatient hospital copay per admission: <ul style="list-style-type: none"> Tier 1: \$300 Tier 2: \$700 ■ Outpatient surgery copay per occurrence: \$150 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: <ul style="list-style-type: none"> Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order ■ Physical Therapy/Occupational Therapy: maximum 30 visits per calendar year ■ Speech Therapy office visit copay: \$15 ■ Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care |



| HEALTH PLANS | IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 11-19 for other health plan copays) |
|---|--|
| NHP Care (<i>Neighborhood Health Plan</i>) | <ul style="list-style-type: none"> ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Retail clinic copay: \$15 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay Tier 3: \$50 retail; \$110 mail order ■ Outpatient mental health/substance abuse office visit copay: \$20 |
| UniCare State Indemnity Plan/ Basic, Community Choice, and PLUS <i>See additional plan-specific changes below</i> | <ul style="list-style-type: none"> ■ Emergency Room copay: \$75 ■ Retail clinic copay: \$15 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: <ul style="list-style-type: none"> Tier 1: \$10 retail; \$20 mail order Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order ■ Specialty drugs up to 30-day supply – implementation of three tier copays: \$10/\$25/\$50 ■ Non-sedating antihistamines no longer covered ■ Prescription drug value tier eliminated ■ Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care |
| UniCare State Indemnity Plan/Basic | <ul style="list-style-type: none"> ■ Primary Care Physician office visit copay: <ul style="list-style-type: none"> ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$15 ★★ Tier 2: \$25 ★ Tier 3: \$35 |
| UniCare State Indemnity Plan/ Community Choice | <ul style="list-style-type: none"> ■ Primary Care Physician office visit copay: <ul style="list-style-type: none"> ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$25 ★ Tier 3: \$40 ■ Inpatient hospital copay per admission: \$250 |
| UniCare State Indemnity Plan/PLUS | <ul style="list-style-type: none"> ■ Primary Care Physician office visit copay: <ul style="list-style-type: none"> ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: <ul style="list-style-type: none"> ★★★ Tier 1: \$20 ★★ Tier 2: \$25 ★ Tier 3: \$40 ■ Inpatient hospital copay per admission: <ul style="list-style-type: none"> Tier 2: \$500 Tier 3: \$750 ■ Outpatient surgery copay per occurrence: <ul style="list-style-type: none"> Tier 2: \$100 Tier 3: \$250 |

Weigh Your Options During Annual Enrollment

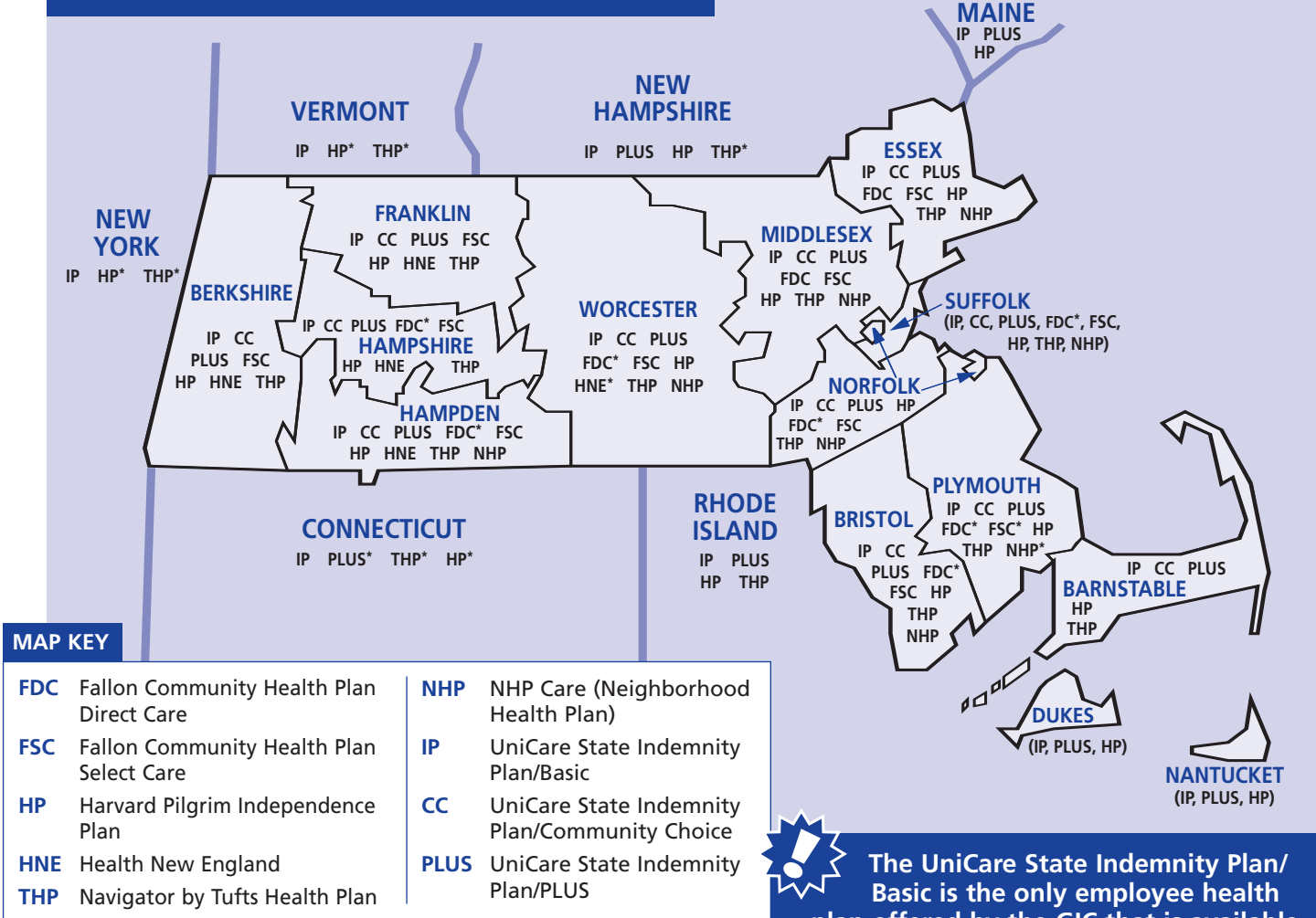
- Determine which plans you are eligible for: See the map below for health plan locations and each health plan page for eligibility details.
- Review the health plan pages 11-19 for an overview of your health plan options, their structure, and most frequently used service copays and deductibles.

Weigh the following:

- Are there out-of-network benefits and do you need them?
- Do you prefer having a Primary Care Physician who is required to coordinate your care?
- Monthly rates (see page 9).

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which copay tiers your doctors and hospitals are in
- Attend a GIC health fair and see the GIC's website for additional information (see pages 26 and 27).

Is the Health Plan Available in Your Area?



* The plan may not be available in every city and town in this county or state. Contact the plan for more specific coverage information.

The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.

GIC Plan Rates as of July 1, 2009



| | For Employees Hired on or before June 30, 2003 | | For Employees Hired and Planning Councils Joining the GIC after June 30, 2003 | |
|---|--|---------------|---|---------------|
| | 15% | | 20% | |
| | Employee Pays Monthly | | Employee Pays Monthly | |
| Basic Life Insurance Only \$5,000 coverage | \$1.03 | | \$1.37 | |
| HEALTH PLAN (premium includes Basic Life Insurance) | INDIVIDUAL | FAMILY | INDIVIDUAL | FAMILY |
| Fallon Community Health Plan Direct Care | \$ 61.69 | \$146.61 | \$ 82.25 | \$195.48 |
| Fallon Community Health Plan Select Care | 74.58 | 177.56 | 99.44 | 236.74 |
| Harvard Pilgrim Independence Plan | 79.71 | 191.46 | 106.28 | 255.28 |
| Health New England | 65.48 | 160.79 | 87.31 | 214.39 |
| Navigator by Tufts Health Plan | 78.63 | 188.02 | 104.84 | 250.69 |
| NHP Care (Neighborhood Health Plan) | 63.35 | 166.18 | 84.46 | 221.56 |
| UniCare State Indemnity Plan/ Basic with CIC (Comprehensive) | 145.88 | 338.74 | 182.70 | 424.27 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 110.47 | 256.59 | 147.29 | 342.12 |
| UniCare State Indemnity Plan/ Community Choice | 62.52 | 148.60 | 83.36 | 198.13 |
| UniCare State Indemnity Plan/PLUS | 80.63 | 191.00 | 107.51 | 254.67 |



Contribution percentages may change after
the Commonwealth's FY10 budget is enacted.

For other plan considerations, see page 8.

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. *See pages 11-19 for the corresponding copayment information.*

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses of brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand name alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- **Mandatory Generics** – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic copay.
- **Specialty Drug Pharmacies** – If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay for three months of medication. *See pages 11-19 for copay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.



FALLON COMMUNITY HEALTH PLAN DIRECT CARE



Plan Overview

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Direct Care offers a selective network based at a geographically concentrated network of physician group practices, community hospitals, and medical facilities. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- **Primary Care Physician Office Visit**
100% after \$10 per visit
100% pediatric wellness visit
- **Specialist Physician Office Visit**
100% after \$20 per visit
- **Retail Clinic**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$200 per admission
- **Outpatient Surgery** (maximum four copays annually per person)
100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans)
(maximum one copay per day)
100% after \$75 per scan
- **Emergency Room**
100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

| Retail up to 30-day supply: | Mail Order up to 90-day supply: |
|-----------------------------|---------------------------------|
| Tier 1: \$10 | Tier 1: \$20 |
| Tier 2: \$25 | Tier 2: \$50 |
| Tier 3: \$50 | Tier 3: \$110 |

Eligibility

Employees, Retirees, Survivors, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

| | |
|-------|-----------|
| Essex | Middlesex |
|-------|-----------|

Fallon Community Health Plan Direct Care is available in *parts of* the following Massachusetts counties; contact the plan for more specific coverage information:

| | |
|-----------|-----------|
| Bristol | Plymouth |
| Hampden | Suffolk |
| Hampshire | Worcester |
| Norfolk | |

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org



FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

■ Primary Care Physician Diagnostic Office Visit

Fallon Community Health Plan tiers network Primary Care Physicians based on combined quality and efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$15 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Primary Care Physician Wellness Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit;
100% after \$0 pediatric visit
- ★★ Tier 2 (good): 100% after \$15 per visit;
100% after \$5 pediatric visit
- ★ Tier 3 (standard): 100% after \$25 per visit;
100% after \$10 pediatric visit

■ Specialist Office Visit

Fallon Community Health Plan tiers the following specialists based on combined quality and efficiency standards: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Neurologists, Obstetrician/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit

■ Retail Clinic: 100% after \$15 per visit

■ Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit

■ Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission

■ Outpatient Surgery (maximum four copays annually per person): 100% after \$125 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

■ Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

| | |
|-----------|-----------|
| Berkshire | Hampshire |
| Bristol | Middlesex |
| Essex | Norfolk |
| Franklin | Suffolk |
| Hampden | Worcester |

The Plan is available in *parts of* the following Massachusetts county; contact the plan for specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442

www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN



Plan Overview

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

In-Network Benefits Effective July 1, 2009

- **Primary Care Physician Office Visit**
100% after \$15 per visit
- **Specialist Physician Office Visit**
Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on combined quality and efficiency standards: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
 - ★★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★★ Tier 2 (good): 100% after \$30 per visit
 - ★★ Tier 3 (standard): 100% after \$40 per visit
- **Out-of-State Specialist Office Visit**
100% after \$30 per visit
- **Retail Clinic:** 100% after \$15 per visit
- **Outpatient Mental Health and Substance Abuse Care:** 100% after \$15 per individual visit
- **Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*)
Harvard Pilgrim Health Care tiers its hospitals based on quality and cost:
 - Tier 1: 100% after \$250 per admission
 - Tier 2: 100% after \$500 per admission
 - Tier 3: 100% after \$750 per admission
- **Outpatient Surgery** (*maximum four copays per person per calendar year*): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*)
100% after \$75 per scan
- **Emergency Room**
100% after \$75 per visit (*waived if admitted*)

Prescription Drug Copayments

| Retail up to 30-day supply: | Mail Order up to 90-day supply: |
|-----------------------------|---------------------------------|
| Tier 1: \$10 | Tier 1: \$20 |
| Tier 2: \$25 | Tier 2: \$50 |
| Tier 3: \$50 | Tier 3: \$110 |

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island
New Hampshire

Coverage may be available in some cities and towns in the following states; contact the plan for more specific coverage information:

Connecticut Vermont
New York

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic



HEALTH NEW ENGLAND

Plan Overview

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- **Pediatric Physician Office Visit**
100% wellness office visit
100% after \$15 per diagnostic visit
- **Primary Care Physician Office Visit**
100% after \$15 per visit
- **Specialist Physician Office Visit**
Health New England tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- **Retail Clinic:** 100% after \$15 per visit
- **Outpatient Mental Health and Substance Abuse Care:** 100% after \$15 per visit
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission
- **Outpatient Surgery** *(maximum four copays annually per person):* 100% after \$100 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*
100% after \$75 per scan
- **Emergency Room**
100% after \$75 per visit *(waived if admitted)*

Prescription Drug Copayments

| Retail up to 30-day supply: | Mail Order up to 90-day supply: |
|-----------------------------|---------------------------------|
| Tier 1: \$10 | Tier 1: \$20 |
| Tier 2: \$25 | Tier 2: \$50 |
| Tier 3: \$50 | Tier 3: \$110 |

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

| | |
|-----------|-----------|
| Berkshire | Hampden |
| Franklin | Hampshire |

Health New England is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England

1.800.842.4464

www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview

The Navigator Plan, administered by Tufts Health Plan, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.



In-Network Benefits Effective July 1, 2009

- **Primary Care Physician Office Visit**
100% after \$15 per visit
- **Specialist Physician Office Visit**
Tufts Health Plan tiers the following Massachusetts specialists based on combined quality and efficiency standards:
Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- **Out-of-State Specialist Office Visit**
100% after \$30 per visit
- **Retail Clinic:** 100% after \$15 per visit
- **Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):
100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics and pediatrics based on quality and cost.
Tier 1: 100% after \$300 per admission
Tier 2: 100% after \$700 per admission
- **Outpatient Surgery** (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans)
(maximum one copay per day): 100% after \$75 per scan
- **Emergency Room**
100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

| Retail up to 30-day supply: | Mail Order up to 90-day supply: |
|-----------------------------|---------------------------------|
| Tier 1: \$10 | Tier 1: \$20 |
| Tier 2: \$25 | Tier 2: \$50 |
| Tier 3: \$50 | Tier 3: \$110 |

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available throughout the following Massachusetts counties:

| | |
|------------|-----------|
| Barnstable | Hampshire |
| Berkshire | Middlesex |
| Bristol | Norfolk |
| Essex | Plymouth |
| Franklin | Suffolk |
| Hampden | Worcester |

The plan is also available in the following other state:
Rhode Island

Coverage may be available in some cities and towns of the following states; contact the plan for more specific coverage information.

| | |
|---------------|----------|
| Connecticut | New York |
| New Hampshire | Vermont |

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039
www.liveandworkwell.com (access code: 10910)



NHP CARE (*Neighborhood Health Plan*)

Plan Overview

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

■ Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on combined quality and efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit

■ Retail Clinic: 100% after \$15 per visit

■ Outpatient Mental Health and Substance Abuse Care

100% after \$20 per visit

■ Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

100% after \$250 per admission

■ Outpatient Surgery (maximum four copays annually per person): 100% after \$100 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day)

100% after \$75 per scan

■ Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

| | |
|-----------|-----------|
| Bristol | Norfolk |
| Essex | Suffolk |
| Hampden | Worcester |
| Middlesex | |

NHP Care is available in *parts* of the following Massachusetts county; contact the plan for more specific coverage information.

Plymouth

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (*Neighborhood Health Plan*)

1.800.462.5449

www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines “allowed amounts” for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare’s national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.



Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$30 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit: 100% after \$25 per visit

■ Retail Clinic: 100% after \$15 per visit

■ Network Outpatient Mental Health and Substance Abuse Care (See the GIC’s website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year) 100% after \$200 deductible

■ Outpatient Surgery (maximum one deductible per person per calendar year quarter): 100% after \$100 deductible

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan

■ Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

Mail Order up to 90-day supply:

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestatplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com



UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

Plan Overview

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays and deductibles are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- **Primary Care Physician Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- **Specialist Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- **Retail Clinic:** 100% after \$15 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):* 100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** *(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):* 100% after \$250 deductible
- **Outpatient Surgery** *(maximum one deductible per person per calendar year quarter):* 100% after \$100 deductible
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):* 100% after \$75 per scan
- **Emergency Room**
100% after \$75 per visit *(waived if admitted)*

Prescription Drug Copayments

| Retail up to 30-day supply: | Mail Order up to 90-day supply: |
|-----------------------------|---------------------------------|
| Tier 1: \$10 | Tier 1: \$20 |
| Tier 2: \$25 | Tier 2: \$50 |
| Tier 3: \$50 | Tier 3: \$110 |

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

| | |
|------------|-----------|
| Barnstable | Hampshire |
| Berkshire | Middlesex |
| Bristol | Norfolk |
| Essex | Plymouth |
| Franklin | Suffolk |
| Hampden | Worcester |

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare
1.800.442.9300
www.unicarestatplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts
1.877.828.9744
www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.



In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$30 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit: 100% after \$25 per visit

■ Retail Clinic: 100% after \$15 per visit

■ Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details) 100% after \$15 per visit. UBH also offers EAP services.

UniCare tiers hospitals based on quality and cost.

■ Inpatient Hospital Care – Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

- Tier 1: 100% after \$250 deductible
- Tier 2: 100% after \$500 deductible
- Tier 3: 100% after \$750 deductible

UniCare's outpatient surgery deductible is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery deductible.

■ Outpatient Surgery (maximum one deductible per person per calendar year quarter)

- Tier 1 and Tier 2: 100% after \$100 per occurrence;
- Tier 3: 100% after \$250 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

■ Emergency Room: 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

Mail Order up to 90-day supply:

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island
New Hampshire

Coverage may be available in some cities and towns of the following state; contact the plan for more specific coverage information.

Connecticut

Monthly Rates as of July 1, 2009

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestatplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

Seventy-one percent of American employees live paycheck to paycheck according to *American Payroll Association September 2008* data. How would you pay your bills if you became seriously ill? When disaster strikes, it's easy to fall behind on mortgage and other essential payments. With three in ten workers entering the workforce becoming disabled before retirement (*January 2007 Social Security Administration Fact Sheet*), being out of work due to a disability is a very real possibility. That's why a salary replacement plan is an important benefit for you and your family.

If you become ill or injured and are unable to work for 90 consecutive days, this program will provide you with:

- A tax-free benefit of up to 50% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits, but the minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater.

Eligibility and Enrollment

All active full-time and half-time state employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits. New employees may enroll in LTD without providing evidence of good health within 31 days of hire. All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year. You must provide proof of good health for Unum's approval to enter the plan.

LONG TERM DISABILITY

Monthly GIC Plan Rates as of July 1, 2009

| ACTIVE EMPLOYEE AGE | STATE EMPLOYEE MONTHLY PREMIUM <i>Per \$100 of Monthly Earnings</i> |
|------------------------------------|--|
| Under 20 | \$0.09 |
| 20 – 24 | 0.09 |
| 25 – 29 | 0.11 |
| 30 – 34 | 0.15 |
| 35 – 39 | 0.19 |
| 40 – 44 | 0.38 |
| 45 – 49 | 0.55 |
| 50 – 54 | 0.77 |
| 55 – 59 | 0.98 |
| 60 – 64 | 0.89 |
| 65 – 69 | 0.41 |
| 70 and over | 0.23 |

Long Term Disability (LTD) Questions?

Contact Unum: 1.877.226.8620
www.mass.gov/gic

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

Accidental Death & Dismemberment (AD&D) Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life in a car accident while using an airbag or seatbelt

Life Insurance and AD&D Questions?

Contact the GIC: 1.617.727.2310 ext. 1
www.mass.gov/gic

Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit. If you have been diagnosed with a terminal illness, you may elect an advance payment of a portion of your life insurance death benefits during your lifetime (*Accelerated Death Benefit*).

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and needs for your age bracket. For instance, 35-year-olds with young families and mortgages might need the coverage. But 65-year-olds who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make financial sense for you to keep it. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates significantly increase when you retire and continue to increase based on your age. See the *Retiree/Survivor Benefit Decision Guide* or our website for these rates.

Life Insurance and Leaving State Service

Active employees who leave state service or become ineligible for GIC life insurance can take advantage of the following options:

- **Portability** – continue your basic and/or optional life insurance at the group rate
- **Conversion** – convert your life insurance coverage to a non-group policy

Portability and Conversion Questions?

Contact The Hartford Life and
Accident Company:
1.877.320.0484

Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New Employees

As a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review.

Current Employees

Active employees may apply for the first time or apply to increase their coverage at any time during the year. The active employee must complete a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Life Insurance and AD&D Questions?

Contact the GIC: 1.617.727.2310 ext. 1
www.mass.gov/gic

Current Employees with a Qualified Family Status Change

Active state employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount of up to four times their salary within 31 days of the qualifying event. Family status changes include the following events and documentation of the qualifying event is required:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2009.

OPTIONAL LIFE INSURANCE RATES – Monthly GIC Plan Rates as of July 1, 2009 Including Accidental Death & Dismemberment

| ACTIVE EMPLOYEE AGE | SMOKER RATE Per \$1,000 of Coverage | NON-SMOKER RATE Per \$1,000 of Coverage |
|------------------------|--|--|
| Under Age 35 | \$.09 | \$.05 |
| 35 – 44 | .13 | .06 |
| 45 – 49 | .24 | .09 |
| 50 – 54 | .38 | .15 |
| 55 – 59 | .58 | .23 |
| 60 – 64 | .88 | .34 |
| 65 – 69 | 1.57 | .83 |
| Age 70 and over | 2.81 | 1.30 |

Health Insurance Buy-Out

If you were insured with the GIC on January 1, 2009 or before, and continue your coverage through June 30, 2009, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan and coverage.

FOR EXAMPLE:

State employee with Navigator by Tufts Health Plan family coverage:

Full-cost premium on July 1, 2009: \$1,246.59

Monthly 12-month benefit = 25% of this premium

Employee receives 12 monthly checks of \$311.65
(before federal and state tax deductions)

Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. By deducting on a pre-tax basis, the result is a small increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums.

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2009.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2009.

**Pre-Tax Premium
Deduction Questions?
Contact Your Payroll Department**

Buy-Out Questions?

**Contact the GIC: 617.727.2310 ext. 1
www.mass.gov/gic**



Save money by enrolling in the GIC's Flexible Spending Accounts (FSAs), administered by SHPS through 2009. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis.

Examples can include:

- Office visit and prescription drug copayments
- Eyeglasses and contact lenses
- Orthodontia and dental benefits
- Hearing aids and durable medical equipment
- Smoking cessation and child birth classes
- Most over-the-counter (OTC) drugs, such as pain relievers, antacids, and allergy medicines

For calendar year 2009, participants can contribute \$500 to \$2,500 through payroll deduction on a pre-tax basis.

HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible for HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses, such as day care, after-school programs, elder day care, and day camp, on a pre-tax basis. You may elect an annual DCAP contribution of up to \$5,000.

DCAP Eligibility

Active state employees who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

HCSA & DCAP

All HCSA participants receive a free debit card from SHPS to conveniently pay for health care expenses out of their HCSA account. Alternately, as you incur health care and dependent care expenses, submit a claim form and receipt to SHPS. They will deposit the reimbursement to your bank account. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2009 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.75 on a pre-tax basis.

HCSA & DCAP Enrollment

New Employees

New employees may enroll for partial-year benefits. For HCSA, new hire benefits begin after the same waiting period as other GIC benefits. For DCAP, coverage begins on the first date of employment.

Open Enrollment and Enrollment During the Year

The HCSA and DCAP plan year is January through December. **Open enrollment for these programs is in the fall** for the following calendar year. **You must re-enroll each year.** Comprehensive open enrollment materials are provided in the fall. Employees who have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

It is important to estimate your expenses carefully – the Internal Revenue Service requires that you forfeit any unused funds at the plan's year end.

HCSA and DCAP Questions?

Contact SHPS: 1.866.862.2422

www.mass.gov/gic

Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Program is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

Annual Enrollment Options

During annual enrollment, eligible employees may enroll in GIC Dental/Vision for the first time, or change their dental plan selection.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision plan.

Keep in mind that if you enroll in the MetLife Value (PPO) Plan and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.

There are two dental plan options:

- The **MetLife Value Plan** (also known as the PPO Plan), and
- The **MetLife Classic Plan** (also known as the Indemnity Plan)

Both plans offer access to the MetLife Preferred

Dentist Program (PDP), a network of participating dentists that have agreed to accept a schedule of reduced fees. The negotiated fees apply even after you have exceeded the annual maximum.



The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating PDP dentist:

- If you do, choosing the MetLife Value (PPO) Plan will save monthly premium costs. However, if you are in the MetLife Value (PPO) Plan and you go out of network, you will need to satisfy a deductible and the benefit levels are slightly lower.
- If you and/or your dependents do not visit participating dentists, choosing the MetLife Classic (Indemnity) Plan will provide higher benefit levels.

VISION BENEFITS

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of over 900 Massachusetts providers, with additional preferred providers across the country. Members receive basic services at no cost and pay a copay for enhanced materials and services when they use a preferred provider. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including copayment amounts and providers
Contact Davis Vision: 1.800.650.2466
www.davisvision.com (control code: 7852)

Dental Questions?

Including copayment amounts and providers
Contact MetLife: 1.866.292.9990
www.metlife.com/gic

GIC Dental/Vision Plan – Monthly GIC Plan Rates as of July 1, 2009

| | INDIVIDUAL | FAMILY |
|--------------------------|------------|---------|
| Value (PPO) Plan | \$ 3.80 | \$11.79 |
| Classic (Indemnity) Plan | \$ 5.35 | \$16.60 |



Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

Bring your family! There are four Saturday health fairs for your family's convenience. See page 27 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 13 de Abril hasta el 15 de Mayo del 2009. Durante dicho periodo, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo periodo de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2009. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2009年4月13日開始，於5月15日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2009年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- GIC publications – including the *Benefits At-A-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Navigator by Tufts Health Plan members
- Health articles and links to help you take charge of your health



Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 13 tháng Tư và chấm dứt vào ngày 15 tháng Năm, 2009. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2009. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.



APRIL 2009

17 FRIDAY 3:00-6:00

Springfield Central High School (Cafeteria)
1840 Roosevelt Avenue
SPRINGFIELD

18 SATURDAY 11:30-4:00

Randolph High School Gymnasium
70 Memorial Drive
RANDOLPH

21 TUESDAY 11:00-2:00

Quinsigamond Community College
Library/Learning Center, Room 109
670 West Boylston Street
WORCESTER

23 THURSDAY 11:00-2:00

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

24 FRIDAY 1:00-4:00

Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

25 SATURDAY 11:00-2:00

Mass Maritime Academy
Baystate Conference Center
Academy Drive
BUZZARDS BAY

27 MONDAY 11:30-4:00

Memorial Hall
590 Main Street
MELROSE

28 TUESDAY 1:00-5:00

Swampscott High School Gymnasium
200 Essex Street
SWAMPSCOTT

29 WEDNESDAY 12:00-5:30

Berkshire Community College
Paterson Field House
1350 West Street
PITTSFIELD

MAY 2009

1 FRIDAY 12:00-4:30

Hibernian Hall
151 Watertown Street
WATERTOWN

2 SATURDAY 11:00-2:00

Northshore Community College
Frederick E. Berry Building
One Ferncroft Road
DANVERS

4 MONDAY 11:00-4:00

Weymouth High School Gymnasium
One Wildcat Way
WEYMOUTH

5 TUESDAY 10:00-2:00

McCormack State Office Building
One Ashburton Place, 21st Floor
BOSTON

7 THURSDAY 12:00-4:00

Groton-Dunstable Regional School
Gymnasium
703 Chicopee Row
GROTON

8 FRIDAY 11:00-4:00

Norwood Civic Center Gymnasium
165 Nahatan Street
NORWOOD

9 SATURDAY 10:00-3:00

Sacred Heart School
384 Hancock Street
QUINCY

11 MONDAY 12:00-4:00

Holyoke Community College
Bartley Center
303 Homestead Avenue
HOLYOKE

12 TUESDAY 10:00-2:00

U-Mass Amherst
Student Union Ballroom
AMHERST

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency standards to develop tiered networks are designated as Select & Save plans.

DCAP (Dependent Care Assistance Program) – a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent. Open enrollment for this program takes place in the fall for a calendar year benefit.

Deferred Retirement – allows you to continue your group health insurance after you leave state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in particular cities and towns.

HCSA (Health Care Spending Account) – a pre-tax benefit that allows employees to contribute a set amount of their income for non-covered health expenses, such as copayments, deductibles, eyeglasses and orthodontia. Open enrollment for this program takes place in the fall for a calendar year benefit.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

LTD (Long Term Disability) – an income replacement program for active employees providing a tax-free benefit of up to 50% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

Portability – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

For More Information, Contact the Plans

*For more information about specific plan benefits, contact the individual plan.
Be sure to indicate you are a GIC insured.*

| HEALTH INSURANCE | | |
|---|--|---|
| Fallon Community Health Plan <i>Direct Care</i> <i>Select Care</i> | 1.866.344.4442 | www.fchp.org |
| Harvard Pilgrim Independence Plan | 1.800.542.1499 | www.harvardpilgrim.org/gic |
| Health New England | 1.800.842.4464 | www.hne.com |
| Navigator by Tufts Health Plan ■ Mental Health/Substance Abuse and EAP (United Behavioral Health) | 1.800.870.9488 1.888.610.9039 | www.tuftshealthplan.com/gic www.liveandworkwell.com (access code: 10910) |
| Neighborhood Health Plan <i>NHP Care</i> | 1.800.462.5449 | www.nhp.org |
| UniCare State Indemnity Plan/ <i>Basic</i> <i>Community Choice</i> <i>PLUS</i> For all UniCare Plans ■ Prescription Drugs (Express Scripts) ■ Mental Health/Substance Abuse and EAP (United Behavioral Health) | 1.800.442.9300 1.877.828.9744 1.888.610.9039 | www.unicarestatplan.com www.express-scripts.com www.liveandworkwell.com (access code: 10910) |

| OTHER BENEFITS | | |
|---|-----------------------|---|
| Employee Assistance Program (EAP) <i>for State Agencies (United Behavioral Health)</i> | 1.888.610.9039 | www.liveandworkwell.com (access code: 10910) |
| Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (SHPS) | 1.866.862.2422 | www.mass.gov/gic |
| Life/AD&D Insurance (The Hartford) <i>Contact the GIC</i> | 1.617.727.2310 ext. 1 | www.mass.gov/gic |
| Long Term Disability (Unum) | 1.877.226.8620 | www.mass.gov/gic |

| FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF | | |
|--|----------------|---|
| Dental Benefits (MetLife) | 1.866.292.9990 | www.metlife.com/gic |
| Vision Benefits (Davis Vision) | 1.800.650.2466 | www.davisvision.com (control code: 7852) |

| ADDITIONAL RESOURCES | | |
|---------------------------------------|----------------|-------------------------------|
| Internal Revenue Service (IRS) | 1.800.829.1040 | www.irs.gov |
| Social Security Administration | 1.800.772.1213 | www.ssa.gov |
| State Board of Retirement | 1.617.367.7770 | www.mass.gov/treasury/srb.htm |

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 ■ www.mass.gov/gic



**Commonwealth of Massachusetts
Group Insurance Commission**

P.O. Box 8747 • Boston, MA 02114-8747

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Group Insurance Commission

Dolores L. Mitchell, Executive Director

19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

Group Insurance Commission
P.O. Box 8747
Boston, MA 02114-8747

Website: www.mass.gov/gic

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